

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Service Employees International Union PEA - Federal

ADDRESS (number and street) ▼

1800 Massachusetts Ave NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00523621

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

01

2013

06

30

2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eliseo Medina

Signature of Treasurer

Eliseo Medina

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

31

2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Service Employees International Union PEA - Federal

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		2806296.59
(b) Cash on Hand at Beginning of Reporting Period.....	2806296.59	
(c) Total Receipts (from Line 19)	2201861.20	2201861.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5008157.79	5008157.79
7. Total Disbursements (from Line 31)	3022165.59	3022165.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1985992.20	1985992.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	10370199.03	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Service Employees International Union PEA - Federal

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 01 / 01 / 2013

To:

 M M / D D / Y Y Y Y
 06 / 30 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

2201861.20

2201861.20

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2201861.20

2201861.20

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

2201861.20

2201861.20

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

2201861.20

2201861.20

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

2201861.20

2201861.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1193057.75	1193057.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1193057.75	1193057.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1636024.29	1636024.29
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	193083.55	193083.55
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3022165.59	3022165.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3022165.59	3022165.59

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2201861.20	2201861.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2201861.20	2201861.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1193057.75	1193057.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1193057.75	1193057.75

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F3XN

Transaction ID :

As an independent expenditure only committee, Service Employees International Union PEA-Federal is permitted to fund its activity using membership dues. The \$2,201,861.20 in unitemized receipts disclosed on Line 11(a)(ii) of the summary pages represents the dues received from a great many members of Service Employees International Union that individually do not reach the \$200 itemization threshold required for disclosure of individual contributions.

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 34

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

Full Name (Last, First, Middle Initial)

A. 1 Miami

Mailing Address 333 41st Street, Suite 901

City Miami Beach State FL Zip Code 33140

Purpose of Disbursement
Debt payment for salary & other canvass-related expenses from 10/1-11/6
disclosed on Pre-Gen Rpt
Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2013
Transaction ID : D318632

Amount of Each Disbursement this Period

33529.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. One Pennsylvania

Mailing Address 1500 North Second Street, Suite 11

City Harrisburg State PA Zip Code 17102

Purpose of Disbursement
Debt payment for salary & other canvass-related expenses from 10/1-11/6
disclosed on Pre-Gen Rpt
Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2013
Transaction ID : D318720

Amount of Each Disbursement this Period

40272.66

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Our DC

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Debt Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6
Disclosed on Pre-Gen Rpt
Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2013
Transaction ID : D318706

Amount of Each Disbursement this Period

91052.64

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

Full Name (Last, First, Middle Initial)

A. Our DC

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Canvass, Bird-Dogging & Rallies (Non-Express Advocacy)

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2013
Transaction ID : D318645

Amount of Each Disbursement this Period

10116.96

Full Name (Last, First, Middle Initial)

B. SEIU General Fund

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Debt Payment for Salary & Other Canvass Activity In-Kinded to Florida
Freedom PAC From 10/1-11/6

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 03 / 2013
Transaction ID : D318562

Amount of Each Disbursement this Period

1136558.73

Full Name (Last, First, Middle Initial)

C. SEIU General Fund

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Debt Payment for Salary & Other Canvass Activity from 10/6-10/20

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 03 / 2013
Transaction ID : D318563

Amount of Each Disbursement this Period

1421733.25

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1146675.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

Full Name (Last, First, Middle Initial)

A. SEIU Healthcare Wisconsin

Mailing Address 4513 Vernon Blvd Suite 300

City	State	Zip Code
Madison	WI	53705

Purpose of Disbursement	Category/ Type
Debt payment for salary & other canvass-related expenses from 10/1-11/6 disclosed on Pre-Gen Rpt	
Candidate Name	

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2013

Transaction ID : D318695

Amount of Each Disbursement this Period

59804.07

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SEIU Local 1199 WOK

Mailing Address 1395 Dublin Road

City	State	Zip Code
Columbus	OH	43215

Purpose of Disbursement	Category/ Type
Debt payment for salary & other canvass-related expenses from 10/1-11/6 disclosed on Pre-Gen Rpt	
Candidate Name	

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2013

Transaction ID : D318738

Amount of Each Disbursement this Period

40522.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SEIU Local 3

Mailing Address 4 Bunker Hill Industrial Park

City	State	Zip Code
Boston	MA	02129

Purpose of Disbursement	Category/ Type
Debt payment for salary & other canvass-related expenses from 10/1-11/6 disclosed on Pre-Gen Rpt	
Candidate Name	

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2013

Transaction ID : D318700

Amount of Each Disbursement this Period

23727.25

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

Full Name (Last, First, Middle Initial)

A. SEIU Local 3

Mailing Address 4 Bunker Hill Industrial Park

City	State	Zip Code
Boston	MA	02129

Purpose of Disbursement
Canvass, Bird-dogging & Rallies (Non-Express Advocacy)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2013

Transaction ID : D318642

Amount of Each Disbursement this Period

37283.67

Full Name (Last, First, Middle Initial)

B. United for New York, Inc.

Mailing Address 330 W 42nd Street, Suite 900

City	State	Zip Code
New York	NY	10036

Purpose of Disbursement
Canvass, Bird-Dogging & Rallies (Non-Express Advocacy)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2013

Transaction ID : D318725

Amount of Each Disbursement this Period

9098.39

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

46382.06

1193057.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

Full Name (Last, First, Middle Initial)

A. 1 Miami

Mailing Address 333 41st Street, Suite 901

City	State	Zip Code
Miami Beach	FL	33140

Purpose of Disbursement

Payment for Salary & Other Canvass-Related Expenses Supporting &
~~Opposing Non-Federal Candidates~~
Candidate NameCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2013

Transaction ID : D318611

Amount of Each Disbursement this Period

7585.87

Full Name (Last, First, Middle Initial)

B. One Pennsylvania

Mailing Address 1500 North Second Street, Suite 11

City	State	Zip Code
Harrisburg	PA	17102

Purpose of Disbursement

Payment for Salary & Canvass-Related Expenses Supporting Non-Federal
~~Candidate~~
Candidate NameCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2013

Transaction ID : D318646

Amount of Each Disbursement this Period

13164.04

Full Name (Last, First, Middle Initial)

C. SEIU General Fund

Mailing Address 1800 Massachusetts Ave NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement

Payment for Salary & Other Canvass-Related Expenses Supporting &
~~Opposing Non-Federal Candidates~~
Candidate NameCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2013

Transaction ID : D318587

Amount of Each Disbursement this Period

142882.19

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

163632.10

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

Full Name (Last, First, Middle Initial)

A. SEIU Local 1199 WOK

Mailing Address 1395 Dublin Road

City	State	Zip Code
Columbus	OH	43215

Purpose of Disbursement
Payment for Non-Federal Canvass Activities

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2013

Transaction ID : D318736

Amount of Each Disbursement this Period

6404.16

Full Name (Last, First, Middle Initial)

B. SEIU United Healthcare Workers West

Mailing Address 560 Thomas L Berkley Way

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	03	/	2013

Transaction ID : D318553

Amount of Each Disbursement this Period

19739.82

Full Name (Last, First, Middle Initial)

C. United for New York, Inc.

Mailing Address 330 W 42nd Street, Suite 900

City	State	Zip Code
New York	NY	10036

Purpose of Disbursement
Payment for Non-Federal Canvass Activities

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2013

Transaction ID : D318724

Amount of Each Disbursement this Period

3307.47

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

29451.45

193083.55

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 34

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1 Miami

Nature of Debt (Purpose):

Salary & Canvass Related Expenses

Mailing Address 333 41st Street, Suite 901

City State

Zip Code

Miami Beach

FL

33140

Outstanding Balance Beginning This Period

33529.80

Transaction ID : D318627

Amount Incurred This Period

0.00

Payment This Period

33529.80

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Action United

Nature of Debt (Purpose):

Canvass, Bird-dogging & Rallies

Mailing Address 846 N Broad St.

City State

Zip Code

Philadelphia

PA

19130-2234

Outstanding Balance Beginning This Period

44130.20

Transaction ID : D300061

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

44130.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Alliance for Californians for Community Empowerment

Nature of Debt (Purpose):

Canvass, Bird-dogging & Rallies

Mailing Address 3655 S. Grand Ave.

City

State

Zip Code

Los Angeles

CA

90007-4316

Outstanding Balance Beginning This Period

30591.32

Transaction ID : D300059

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30591.32

1) SUBTOTALS This Period This Page (optional)..... ►

74721.52

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 34

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Centaur North Strategic Communications

Nature of Debt (Purpose):
Voter Canvass Literature

Mailing Address PO Box 1474

City State

Zip Code

Whittier

CA

90609

Outstanding Balance Beginning This Period

9240.00

Transaction ID : D304193

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9240.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Citizen Action of NY

Nature of Debt (Purpose):

Canvass, Bird-dogging & Rallies

Mailing Address 94 Central Avenue

City State

Zip Code

Albany

NY

12206-3002

Outstanding Balance Beginning This Period

6042.60

Transaction ID : D300056

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6042.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Fair Share Alliance, Inc.

Nature of Debt (Purpose):

Canvass, Bird-dogging & Rallies

Mailing Address 218 D Street, SE

City

State

Zip Code

Washington

DC

20003-1900

Outstanding Balance Beginning This Period

37892.26

Transaction ID : D300057

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

37892.26

1) SUBTOTALS This Period This Page (optional)..... ►

53174.86

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 34

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Florida Consumer Action Network, Inc.

Nature of Debt (Purpose):

Canvass, Bird-dogging & Rallies

Mailing Address 3006 W Kennedy Blvd.
Ste BCity State Zip Code
Tampa FL 33609-3289

Outstanding Balance Beginning This Period

34884.00

Transaction ID : D300058

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

34884.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Florida New Majority

Nature of Debt (Purpose):

Canvass, Bird-dogging & Rallies

Mailing Address 6127 NW 7th Avenue

City State Zip Code
Miami FL 33127-1111

Outstanding Balance Beginning This Period

39776.09

Transaction ID : D300060

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

39776.09

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mack/Crouse Group LLC

Nature of Debt (Purpose):

Voter Canvass Literature

Mailing Address 4900 Seminary Road Suite 1020

City State Zip Code
Alexandria VA 22311

Outstanding Balance Beginning This Period

29301.92

Transaction ID : D304184

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

29301.92

1) SUBTOTALS This Period This Page (optional)..... ►

103962.01

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 34

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mission Control Inc

Nature of Debt (Purpose):
Voter Canvass Literature

Mailing Address 114A Mansfield Hollow Road

City	State	Zip Code
Mansfield Center	CT	06250

Outstanding Balance Beginning This Period

2540.83

Transaction ID : D304195

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2540.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

One Pennsylvania

Nature of Debt (Purpose):
Canvass, Bird-dogging & Rallies (Non-Express
Advocacy)

Mailing Address 1500 North Second Street, Suite 11

City	State	Zip Code
Harrisburg	PA	17102

Outstanding Balance Beginning This Period

59877.66

Transaction ID : D298042

Amount Incurred This Period

0.00

Payment This Period

40272.66

Outstanding Balance at Close of This Period

19605.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Our DC

Nature of Debt (Purpose):
Canvass, Bird-dogging & Rallies (Non-Express
Advocacy)

Mailing Address 1800 Massachusetts Ave NW

City	State	Zip Code
Washington	DC	20036

Outstanding Balance Beginning This Period

136505.64

Transaction ID : D297985

Amount Incurred This Period

0.00

Payment This Period

91052.64

Outstanding Balance at Close of This Period

45453.00

1) SUBTOTALS This Period This Page (optional)..... ►

67598.83

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 34

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU General Fund

Nature of Debt (Purpose):

Est. payment for salary and other canvass-related expenses from 6/20-11/2, bird-dogging & rallies

Mailing Address 1800 Massachusetts Ave NW

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

9031577.22

Transaction ID : D285704

Amount Incurred This Period

0.00

Payment This Period

2558291.98

Outstanding Balance at Close of This Period

6473285.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU General Fund

Nature of Debt (Purpose):

Salary and other canvass-related expenses from 6/11-9/30

Mailing Address 1800 Massachusetts Ave NW

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

3371597.26

Transaction ID : D286612

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3371597.26

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU Healthcare Wisconsin

Nature of Debt (Purpose):

Canvass, Bird-dogging & Rallies (Non-Express Advocacy)

Mailing Address 4513 Vernon Blvd Suite 300

City

State

Zip Code

Madison

WI

53705

Outstanding Balance Beginning This Period

150969.20

Transaction ID : D298020

Amount Incurred This Period

0.00

Payment This Period

59804.07

Outstanding Balance at Close of This Period

91165.13

1) SUBTOTALS This Period This Page (optional)..... ►

9936047.63

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 34

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU Healthcare Wisconsin

Nature of Debt (Purpose):

Canvass & GOTV Activities

Mailing Address 4513 Vernon Blvd Suite 300

City State

Zip Code

Madison

WI

53705

Outstanding Balance Beginning This Period

20000.00

Transaction ID : D304201

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU Local 1199 WOK

Nature of Debt (Purpose):

Canvass, Bird-dogging & Rallies (Non-Express Advocacy)

Mailing Address 1395 Dublin Road

City State

Zip Code

Columbus

OH

43215

Outstanding Balance Beginning This Period

55429.97

Transaction ID : D297979

Amount Incurred This Period

0.00

Payment This Period

40522.97

Outstanding Balance at Close of This Period

14907.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU Local 3

Nature of Debt (Purpose):

Canvass, Bird-dogging & Rallies (Non-Express Advocacy)

Mailing Address 4 Bunker Hill Industrial Park

City

State

Zip Code

Boston

MA

02129

Outstanding Balance Beginning This Period

46322.25

Transaction ID : D297935

Amount Incurred This Period

0.00

Payment This Period

23727.25

Outstanding Balance at Close of This Period

22595.00

1) SUBTOTALS This Period This Page (optional)..... ►

57502.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 19 OF 34

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Pivot Group

Nature of Debt (Purpose):
Voter Canvass Literature

Mailing Address 1720 I Street, NW Suite 550

City State

Zip Code

Washington

DC

20006

Outstanding Balance Beginning This Period

11986.66

Transaction ID : D304200

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11986.66

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

United for New York, Inc.

Nature of Debt (Purpose):

Canvass, Bird-dogging & Rallies (Non-Express
Advocacy)

Mailing Address 330 W 42nd Street, Suite 900

City State

Zip Code

New York

NY

10036

Outstanding Balance Beginning This Period

11101.00

Transaction ID : D298028

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11101.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Working Families Organization, Inc.

Nature of Debt (Purpose):

Canvass, Bird-dogging & Rallies

Mailing Address 2 Nevins Street

City

State

Zip Code

Brooklyn

NY

11217-1010

Outstanding Balance Beginning This Period

54104.52

Transaction ID : D300055

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

54104.52

1) SUBTOTALS This Period This Page (optional)..... ►

77192.18

2) TOTALS This Period (last page this line number only)..... ►

10370199.03

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

10370199.03

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 34
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>		

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 1800 Massachusetts Ave NW		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 651452.23 </div>	
City Washington	State DC	Zip Code 20036	Transaction ID : D318564
Purpose of Expenditure Payment for salary & other canvass-related expenses from 10/6-10/20 disclosed on Pre-Gen Rpt.		Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 794007.69 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 1800 Massachusetts Ave NW		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 14001.48 </div>	
City Washington	State DC	Zip Code 20036	Transaction ID : D318565
Purpose of Expenditure Payment for salary & other canvass-related expenses from 10/6-10/20 Disclosed on Pre-Gen Rpt.		Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE PACE II		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 14001.48 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">665453.71</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 34
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date 01 / 03 / 2013	
Mailing Address 1800 Massachusetts Ave NW		Amount 56660.83	
City Washington	State DC	Zip Code 20036	Transaction ID : D318566
Purpose of Expenditure Payment for salary & other canvass-related expenses from 10/6-10/20 Disclosed on Pre-Gen Rpt.		Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>VA</u> District: <u>02</u>
Name of Federal Candidate Supported or Opposed by Expenditure: PAUL ODELL HIRSCHBIEL JR		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 56660.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date 01 / 03 / 2013	
Mailing Address 1800 Massachusetts Ave NW		Amount 21054.38	
City Washington	State DC	Zip Code 20036	Transaction ID : D318568
Purpose of Expenditure Payment for salary & other canvass-related expenses from 10/6-10/20 Disclosed on Pre-Gen Rpt.		Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>CO</u> District: <u>06</u>
Name of Federal Candidate Supported or Opposed by Expenditure: JOE MIKLOSI		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42108.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	77715.21
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

07 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 34
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date MM / DD / YYYY 01 / 03 / 2013	
Mailing Address 1800 Massachusetts Ave NW		Amount 111537.11	
City Washington	State DC	Zip Code 20036	Transaction ID : D318569
Purpose of Expenditure Payment for salary & other canvass-related expenses from 10/6-10/20 Disclosed on Pre-Gen Rpt.	Category/Type 001	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: SHELLEY BERKLEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 111537.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date MM / DD / YYYY 01 / 03 / 2013	
Mailing Address 1800 Massachusetts Ave NW		Amount 111537.11	
City Washington	State DC	Zip Code 20036	Transaction ID : D318573
Purpose of Expenditure Payment for salary & other canvass-related expenses from 10/6-10/20 Disclosed on Pre-Gen Rpt.	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>04</u> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 111537.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	223074.22
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

MM / DD / YYYY
 07 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 34
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date MM / DD / YYYY 01 / 03 / 2013	
Mailing Address 1800 Massachusetts Ave NW		Amount 229020.62	
City Washington	State DC	Zip Code 20036	Transaction ID : D318575
Purpose of Expenditure Payment for salary & other canvass-related expenses from 10/6-10/20 Disclosed on Pre-Gen Rpt.		Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 241828.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date MM / DD / YYYY 01 / 03 / 2013	
Mailing Address 1800 Massachusetts Ave NW		Amount 27176.54	
City Washington	State DC	Zip Code 20036	Transaction ID : D318576
Purpose of Expenditure Payment for salary & other canvass-related expenses from 10/6-10/20 Disclosed on Pre-Gen Rpt.		Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 55875.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	256197.16
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

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Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 34
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date MM / DD / YYYY 01 / 03 / 2013	
Mailing Address 1800 Massachusetts Ave NW		Amount 21054.38	
City Washington	State DC	Zip Code 20036	Transaction ID : D318578
Purpose of Expenditure Payment for salary & other canvass-related expenses from 10/6-10/20 Disclosed on Pre-Gen Rpt.		Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL COFFMAN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 42108.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee SEIU General Fund		Date MM / DD / YYYY 01 / 03 / 2013	
Mailing Address 1800 Massachusetts Ave NW		Amount 178238.57	
City Washington	State DC	Zip Code 20036	Transaction ID : D318580
Purpose of Expenditure Payment for salary & other canvass-related expenses from 10/6-10/20 Disclosed on Pre-Gen Rpt.		Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 178948.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	199292.95
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 34
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name (Last, First, Middle Initial) of Payee 1 Miami		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">05</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">16</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2013</div>	
Mailing Address 333 41st Street, Suite 901		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12971.96</div>	
City Miami Beach	State FL	Zip Code 33140	Transaction ID : D318634
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">794007.69</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee 1 Miami		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">05</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">16</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2013</div>	
Mailing Address 333 41st Street, Suite 901		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12971.96</div>	
City Miami Beach	State FL	Zip Code 33140	Transaction ID : D318635
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">794007.69</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">25943.92</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Eliseo Medina

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name (Last, First, Middle Initial) of Payee 1 Miami		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">05</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">16</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2013</div>	
Mailing Address 333 41st Street, Suite 901		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3792.94</div>	
City Miami Beach	State FL	Zip Code 33140	Transaction ID : D318636
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3792.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee 1 Miami		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">05</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">16</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2013</div>	
Mailing Address 333 41st Street, Suite 901		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3792.94</div>	
City Miami Beach	State FL	Zip Code 33140	Transaction ID : D318637
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>26</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSE ANTONIO GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3792.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">7585.88</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin		Date MM / DD / YYYY 05 / 16 / 2013	
Mailing Address 4513 Vernon Blvd Suite 300		Amount 30119.54	
City Madison	State WI	Zip Code 53705	Transaction ID : D318696
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 794007.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin		Date MM / DD / YYYY 05 / 16 / 2013	
Mailing Address 4513 Vernon Blvd Suite 300		Amount 985.58	
City Madison	State WI	Zip Code 53705	Transaction ID : D318697
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: ROB ZERBAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 985.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	31105.12
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 34
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin		Date MM / DD / YYYY 05 / 16 / 2013	
Mailing Address 4513 Vernon Blvd Suite 300		Amount 28698.95	
City Madison	State WI	Zip Code 53705	Transaction ID : D318698
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 55875.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 3		Date MM / DD / YYYY 05 / 16 / 2013	
Mailing Address 4 Bunker Hill Industrial Park		Amount 16903.43	
City Boston	State MA	Zip Code 02129	Transaction ID : D318701
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: ELIZABETH WARREN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16903.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	45602.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 29 OF 34
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name (Last, First, Middle Initial) of Payee SEIU Local 3		Date MM / DD / YYYY 05 / 16 / 2013
Mailing Address 4 Bunker Hill Industrial Park		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6823.82</div> Transaction ID : D318702
City Boston	State MA	
Zip Code 02129		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Category/Type 001		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		
Calendar Year-To-Date Per Election for Office Sought 794007.69		

Full Name (Last, First, Middle Initial) of Payee One Pennsylvania		Date MM / DD / YYYY 05 / 16 / 2013
Mailing Address 1500 North Second Street, Suite 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16101.23</div> Transaction ID : D318715
City Harrisburg	State PA	
Zip Code 17102		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Category/Type 001		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		
Calendar Year-To-Date Per Election for Office Sought 794007.69		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">22925.05</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Eliseo Medina

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 07 / 31 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name (Last, First, Middle Initial) of Payee One Pennsylvania		Date MM / DD / YYYY 05 / 16 / 2013	
Mailing Address 1500 North Second Street, Suite 11		Amount 22363.53	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : D318716
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 794007.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One Pennsylvania		Date MM / DD / YYYY 05 / 16 / 2013	
Mailing Address 1500 North Second Street, Suite 11		Amount 1129.94	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : D318717
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT P CASEY JR		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1129.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	23493.47
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name (Last, First, Middle Initial) of Payee One Pennsylvania		Date 05 / 16 / 2013	
Mailing Address 1500 North Second Street, Suite 11		Amount 677.96	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : D318718
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 677.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee United for New York, Inc.		Date 05 / 16 / 2013	
Mailing Address 330 W 42nd Street, Suite 900		Amount 6410.06	
City New York	State NY	Zip Code 10036	Transaction ID : D318728
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 794007.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7088.02
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 32 OF 34
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name (Last, First, Middle Initial) of Payee United for New York, Inc.		Date MM / DD / YYYY 05 / 16 / 2013	
Mailing Address 330 W 42nd Street, Suite 900		Amount 9314.67	
City New York	State NY	Zip Code 10036	Transaction ID : D318729
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 794007.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee United for New York, Inc.		Date MM / DD / YYYY 05 / 16 / 2013	
Mailing Address 330 W 42nd Street, Suite 900		Amount 709.56	
City New York	State NY	Zip Code 10036	Transaction ID : D318730
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 178948.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	10024.23
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

 MM / DD / YYYY
07 / 31 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 34
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 1199 WOK			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1395 Dublin Road			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">17617.00</div>	
City Columbus	State OH	Zip Code 43215	Transaction ID : D318739	
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">794007.69</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 1199 WOK			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1395 Dublin Road			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7861.69</div>	
City Columbus	State OH	Zip Code 43215	Transaction ID : D318740	
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">794007.69</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">25478.69</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

M M M

D D D

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 34
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Service Employees International Union PEA - Federal		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00523621 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name (Last, First, Middle Initial) of Payee SEIU Local 1199 WOK		Date MM / DD / YYYY 05 / 16 / 2013	
Mailing Address 1395 Dublin Road		Amount 12808.33	
City Columbus	State OH	Zip Code 43215	Transaction ID : D318741
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 241828.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 1199 WOK		Date MM / DD / YYYY 05 / 16 / 2013	
Mailing Address 1395 Dublin Road		Amount 2235.95	
City Columbus	State OH	Zip Code 43215	Transaction ID : D318742
Purpose of Expenditure Payment for Salary & Other Canvass-Related Expenses from 10/1-11/6 Disclosed on Pre-Gen Rept.		Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: Betty Sutton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2235.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	15044.28
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	1636024.29

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

MM / DD / YYYY
 07 / 31 / 2013

Signature